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April 2, 2003

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PAGES (WITH COVER)

2712

36767/257798

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COMMENTS

The "Return Receipt" of facsimile transmission of the U.S. Patent and Trademark Office will acknowledge receipt of:

Applicant:

Kerry R. Gaston et al.

Title:

Systems and Methods for Preventing Unauthorized
Copying of Software Downloaded from a Remote Server

Serial No./Docket No.:

09/963646 36767/257798

Filing Date

September 25, 2001

PAPERS SUBMITTED:

1. Form PTO/SB/21 Transmittal Form; and
2. PTO/SB/83 - Request for Withdrawal as Attorney or Agent.

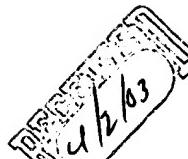
Date: April 2, 2003
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PTO/SB/21 (08-00)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/963,646
Filing Date	09/25/2001
First Named Inventor	Kerry R. Gaston et al.
Group Art Unit	2131
Examiner Name	Gail O. Hayes
Total Number of Pages in This Submission	Attorney Docket Number 36767/257798

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	PTO/SB/83 - Request for Withdrawal as Attorney or Agent.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Geoff L. Sutcliffe, Reg. No. 36,348 KILPATRICK STOCKTON LLP
Signature	
Date	4/2/03

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/963646
Filing Date	09/25/2001
First Named Inventor	Kerry R. Gaston et al.
Group Art Unit	2131
Examiner Name	Gail O. Hayes
Attorney Docket Number	36767/257798

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Client has failed to pay one or more bills rendered by the practitioner for an unreasonable period of time. Client was notified that Kilpatrick Stockton LLP is withdrawing as counsel, was given time for employment of another practitioner, and has received all papers and property to which the client is entitled so that they may prosecute the applications themselves or seek other counsel.

I hereby apply on behalf of all attorneys at Kilpatrick Stockton LLP associated with customer no 23370, to withdraw as attorney or agent for the above identified patent application and am authorized to act on behalf of all attorneys at Kilpatrick Stockton LLP.

1. The correspondence address is NOT affected by this withdrawal.
2. Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

Customer Number → Place Customer Number
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	L. Neal Berney, CEO, Global Anti-Piracy Systems, Inc.		
Address	301 Mendel Parkway, East		
Address			
City	Montgomery	State	AL
Country	USA		
Telephone	(334) 395-4277	Fax	(334) 409-2049

- This request is made on behalf of myself and
- all the attorneys/agents of record,
 - the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 - the attorneys/agents associated with Customer Number 23370

This request is enclosed in triplicate (including any attachments).

Name	Geoff L. Sutcliffe, Reg. No. 36,348		
Signature			
Date	4/2/03		

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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